



**PREHOSPITAL RECEIVING CENTER TRAUMA PATIENT REGISTRY FORM**

**1. IDENTIFICATION**

Incident location \_\_\_\_\_  
 Receiving hospital \_\_\_\_\_  
 Pre-hospital PCR # \_\_\_\_\_  
 Age \_\_\_\_\_ Male  Female

Revised Trauma Score (RTS) upon arrival

Glasgow Coma Scale		Systolic BP		Respiratory Rate	
GCS	RTS Points	SBP	RTS Points	RR	RTS Points
13-15	4	>89	4	10-29	4
9-12	3	76-89	3	>29	3
6-8	2	50-75	2	6-9	2
4-5	1	1-49	1	1-5	1
3	0	0	0	0	0
Points:		Points:		Points:	

**2. EMERGENCY DEPT. ADMISSION DATA**

Date of Arrival \_\_\_\_\_  
 Time of Arrival \_\_\_\_\_  
  
Method of Arrival  
 Walk-in   
 BLS Ambulance Provider \_\_\_\_\_  
 ALS Ambulance Provider \_\_\_\_\_ Unit # \_\_\_\_\_  
 Other , if other please describe \_\_\_\_\_  
 Base Hospital directed   
 BH Name \_\_\_\_\_

Mechanism of Injury

Auto accident  Gun shot   
 Motorcycle  Thermal   
 Bicycle  Fall   
 Pedestrian  Sports Injury   
 Assault  Stabbing   
 Other  If other, please describe \_\_\_\_\_

Vital signs upon arrival

BP: \_\_\_\_\_ Eyes: \_\_\_\_\_  
 HR: \_\_\_\_\_ Verbal: \_\_\_\_\_  
 RR: \_\_\_\_\_ Motor: \_\_\_\_\_  
 Temp: \_\_\_\_\_ Total GCS: \_\_\_\_\_

Procedures

	Time
Blood Products	_____
Intubation	_____
CT	_____
TXA	_____
Other <input type="checkbox"/> If other, please describe	_____

**3. EMERGENCY DEPARTMENT DISPOSITION**

	Time
Admit <input type="checkbox"/>	_____
OR <input type="checkbox"/>	_____
Admit post-op <input type="checkbox"/>	_____
Continuation of trauma care <input type="checkbox"/>	_____
Destination _____	
Discharged <input type="checkbox"/>	_____
Discharge date/ time _____	
Deceased <input type="checkbox"/>	_____
Inter-facility transfer <input type="checkbox"/>	_____
Air transport <input type="checkbox"/>	_____
Ground transport <input type="checkbox"/>	_____
Destination <input type="checkbox"/>	_____
Hospital LOS _____	
Discharge Dx _____	

**4. COMMENTS**

**Within 30 days of patient arrival, send completed form to address below  
 Attention: Trauma Systems Coordinator, or Email- [shkissel@rivco.org](mailto:shkissel@rivco.org).**

